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|--|-----------------|--|-----------|------------------------------------|-------------|--|-------------|--------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | Complete if Known | | | | |
| | | | | Application Number | | 10/581,797-Conf. #4944 June 2, 2006 | | |
| FEE TRANSMITTAL | | | | ,g | | | | |
| For FY 2009 | | | | First Named Inventor Examiner Name | | L. K. Tran | | |
| | | | | | | 2818 | | |
| X Applicant claims small entity status. See 37 CFR 1.27 | | | | Art Unit | | 58086-231274 | | |
| TOTAL AMOUNT OF PAYMEN | Т | (\$) 496.00 | | Attorney Docket | No. | 56066-231274 | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order Other (please identify): | | | | | | | | |
| x Deposit Account Deposit Account Number 22-0261 Deposit Account Name: Venable LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH | | | 3 | | | | | |
| | | NG FEES | | RCH FEES | EXAMI | NATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees P | aid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | | | | | | | | Small Entity |
| Fee Description | | | | | | | Fee (\$) | Fee (\$) |
| Each claim over 20 (includi | | | • | 52 | 26 | | | |
| Each independent claim over | er 3 (includ | ing Reissues) | | | | | 220 390 | 110 195 |
| Multiple dependent claims | | | | - D-:-J (A) | | Multiple Depend | | |
| Total Claims Extra Claims Fee (\$) = F | | | ree | ee Paid (\$) 26 | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | |
| HP = highest number of total clai | ms paid for, if | | | | - | 27.161 | | 4 |
| , , , , | | | Fee | ee Paid (\$) | | | | _ |
| -3 or HP = X = | | | | | | | | |
| HP = highest number of indepen | dent claims pa | aid for, if greater than | 3. | | | | | |
| 3. APPLICATION SIZE FEE | • | | | | | | | |
| If the specification and dra listings under 37 CFR | wings exc | eed 100 sheets of | fpaper (e | excluding electr | conically f | iled sequence or | computer | 1 |
| sheets or fraction there | of. See 35 | e application size U.S.C. 41(a)(1)(| G) and 3 | 7 CFR 1.16(s). | ioi sinan | cherry) for cach a | duitional 5 | v |
| 1 | ctra Sheets | | | ditional 50 or fra | | of Fee (\$) | Fee | Paid (\$) |
| - 100 = | | | | | | | = | |
| 4. OTHER FEE(S) | | | | | | | Fees | Paid (\$) |
| Non-English Specificati | | | ity disco | unt) | | | | |
| Other (e.g., late filing surcharge): 1251 1801 Extension for response within first month 65.00 | | | | | | | | |
| | | 2801 Request f | or conti | nued examina | tion (RC | E) (see 37 | | 05.00 |
| SUBMITTED BY | | 1/11/11 | | | | | | |
| Signature Signature | 21 | A X of to | | Registration No. | 42,459 | Telephone | (202) 34 | 4-4362 |
| 71130 | 200 | of K Jacky | 4 | (Attorney/Agent) | | Date | le los | |
| Name (Print/Type) Henry J. Daley Henry J. Daley Date | | | | | | | | |
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